

| | | |
|---|-------------------------------|---------------------|
| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p> | Application Number | 10/627,682 |
| | Filing Date | July 28, 2003 |
| | First Named Inventor | Patrick J. Donoghue |
| | Art Unit | 2179 |
| | Examiner Name | Augustine, Nicholas |
| | Attorney Docket Number | CSC-002 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> Request for Continued Examination Transmittal |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-top: 5px;"></div> Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------|----------|--------|
| Firm Name | GOODWIN PROCTER LLP | | |
| Signature | /Joel E. Lehrer/ | | |
| Printed name | Joel E. Lehrer | | |
| Date | December 10, 2007 | Reg. No. | 56,401 |

| | |
|--|---|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4). | |
| Dated: December 10, 2007 | Electronic Signature for Joel E. Lehrer: /Joel E. Lehrer/ |